

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 2006 8:00 A.M.
Secretary of State

DOCUMENT # P99000030553

1. Corporation Name

515, Inc.

2. Principal Office Address

441 N. E. 4th Avenue

Suite, Apt. #, etc.

City & State

Fort Lauderdale

Zip

33301

Country

US

3. Mailing Office Address

P. O. Box 30399

Suite, Apt. #, etc.

City & State

Fort Lauderdale

Zip

33303

Country

US

100067947871
03/16/06--01008--015 **1650.00

REINSTATEMENT

00-66

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/2/99

5. FEI Number

N/A

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Peter M. Feldman

Street Address (P.O. Box Number is Not Acceptable)

441 N. E. 4th Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale,

State

FL

Zip Code

33301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 2/21/2006

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Steven Sneed	915 Middle River Drive Suite 506	Fort Lauderdale, Florida 33304
D	Peter M. Feldman	441 N. E. 4th Avenue	Fort Lauderdale, Florida 33301

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter M. Feldman
Director

2/2/06

Date

954-523-4050

Daytime Phone #

MAR 8 2006